From: +18135442006

(850)617-(Florida Department of State Fax Number below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRICK BUSINESS LAW, P.A.

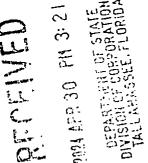
Account Number : I20230000178 Phone : (813)816-1816

Fax Number : (813)692-1982

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: danielle.peynado@brickbusinesslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMMIGRATION EXAMS OF TAMPA LLC



Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Fax Number

: (850)617-6383

30-Apr-2024, 18:23

To: +18506176383

From: +18135442006

COVER LETTER

: (850)617-6

p.2

TO: Registration Section **Division of Corporations** IMMIGRATION EXAMS OF TAMPA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIELLE PEYNADO Name of Person BRICK BUSINESS LAW, P.A. Firm/Company 3413 W FLETCHER AVE Address TAMPA, FLORIDA 33618 City/State and Zip Code DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 816-1816 DANIELLE PEYNADO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

Fax Number : (850)617-6383

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Fax Number : (850)617-

р.3

From: +18135442006

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Comps A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on 01/04/2013	_ and assigned
Florida document number L13000001811	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
			<u> </u>
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the abbr	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2901 WEST SAINT ISABEL STREET	E 4
		SUITE F	<u></u>
		TAMPA, FL 33607	
			زن
Enter new mailing address, if applicable:		2901 WEST SAINT ISABEL STREET	0.5
(Mailing address MAY BE A POST OFFICE BC	0X0	SUITE F	(i)
	HAGE	TAMPA, FL 33607	
B. If amending the registered agent and/or re- spent and/or the new registered office address	~	address on our records, enter the name	of the new registere
Name of New Registered Agent:	BRICK BUSIN	NESS LAW, P.A.	
	3413 W FLET	CHED AVE	
New Registered Office Address:	JAIJ W PLEIV	Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

TAMPA

If Changing Registered Agent, Signature of New Registered Agent

Fax Number : (850)617-6383

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30-Apr-2024 18:24 To: +18506176383

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Fax Number : (850)617-6 Fax Nu

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR RASHKII	RASHKIN, JOSEPH MD	4726 N. Habana Avc.	□ Add
		Suite 203	≅ Remove
		TAMPA, FL 33614	Change
MGR MEAGAN MANE	MEAGAN MANE	16124 Beile Meade Blvd	■Add
	Odessa, FL 33556	□ Remove	
			□ Change
		□ Remove	
		□ Change	
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			☐ Change

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II AMEM	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
the record : cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated	APRIL 30, 2024
	Nelson Mane
	Signature of a member or authorized representative of a member
	DR. NELSON MANE - MGR Typed or printed name of signee

Filing Fee: \$25.00